



AUTOMATIC DEBIT AUTHORIZATION FORM

I (We) hereby authorize Reunion Property Owner’s Association to initiate ACH debits from my/our (please check one) **checking** / **savings** account indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on an annual basis for Reunion Property Owners Association assessments. Your selected ACH debit amount may change as the assessments increase in the future. This authorization shall allow Reunion POA to debit the account for the current and prospective increases in assessments.

DEPOSITORY _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

** Please attach a voided check or deposit slip for checking, or a deposit slip for savings account**

This authorization is to remain in full force and effect until Reunion POA has received written notice from me (or either of us) of its termination in such time and in such manner as to afford REUNION POA and DEPOSITORY a reasonable opportunity to act on it, at which time it will be void and no longer effective.

NAME(S) _____

ADDRESS _____

WORK PHONE _____ HOME/CELL PHONE _____

EMAIL _____

Please deduct Assessments: _____ Annually (Full amount on January 1)

_____ Bi-Annually (half on January 1 and half on July 1)

ACCOUNT HOLDER(S)

Signature

Date

Signature

Date

Please notify us of any changes to the information on this form.

RETURN FORM TO: REUNION POA
105 REUNION BLVD
MADISON, MS 39110

Questions – email office@reunionpoa.org or call 601-499-0400